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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	JAY 09 2018 Page 1 of
		LEGISLATIVE RESOURCE CENTER
Name: TAMES THOMAS MAXWELL Daytime To	Daytime Telephone:	18 MAY 17 AM II: 52
New Member of or Candidate for State: New York K U.S. House of Representatives District: 15 Candidates – Date of Election: 11 6 18	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	sable): Period Covered: January 1, ssistant to	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	UESTIONS	· ·
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting has No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	3 SCHEDULE IF YOU ANSWER "YES" JLES THAT YOU ARE REQUIRED TO COMPLETE	"COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	TION - ANSWER BOTH OF THESE	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" new from this report details of such a trust that benefits you, your spouse, or dependent child?	rtain other "excepted trusts" need not be disclosed. Have you excluded	ave you excluded Yes 🔲 No 📉
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ies of a spouse or dependent child because they mee	t all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: JAMES THOMES MANDEL PAGE

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														\$1.4200 = \$200.451,000	IIROHIA	

SCHEDULE C - EARNED INCOME

Name: JAMES THOMAS MAKWELL Page 1 of 1

List the source, type, and amount of eamed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income invited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Source (include date of receipt for honoraria) Type ABC Trace Association, Bellmore, MD (July 15) ARC Trace Association, Bellmore, MD (July 15) ARC Trace Association, Bellmore, MD (July 15) Source Stource Staff ARC Trace Association, Bellmore, MD (July 15) Source State of Manyland State of State of Manyland State of State of Manyland State of Manylan	t employment by the U.S. governing the search of the searc	nent) totaling \$200 or more during th 000. See examples below. cial Security Act. ou are on House payroll. The 2010 ain types of income (notably honoral furent Year to Filing \$0 \$20,000 NiA	ng the reporting period. For both the figure 2016 limit on outside earned income moraria, director's fees, and payments Arnount Preceding Year \$500 \$76,000 \$1,000 NVA
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SCHEDULE D - LIABILITIES

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*Column K is for liabilities held solely by your spouse of dependent child.	liabilities owed to you by a spouse or the child, parent, or sibiling of you or your spouse. Training a recommendation of the child, parent, or sibiling of you or your spouse.	(unless you rent it out or are a Member); loans secured by automobiles, recession in the company	period. New Members are required to report an institute a social form property and period in the per	Report liabilities of over \$10,000 owed to arry the control with the second have a residence in their personal residence. Exclude: Any mortgage on your personal residence	and the state of the during the reporting period by your spouse, or your dependent child. Mark the highest amount owed during the reporting
	A CASHIN PRINCE (1997)	which thems account (i.e. credit card) only if the balance at the close of the reporting period	nrose: liabilities of a business in which you own an interest (unless you are personally liable); and	ing mortrages on their personal residence. Exclude: Any mortgage on your personal residence	our spouse, or your dependent child. Mark the highest amount owed during the reporting

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Example	First Bank of Wilmington, DE	5/98	Montgage on Rental Property, Dover, DE				×							
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

			7
		NAGWAU	Position
		MAKINELL BOEN MEDICAL GROUP PLLC (DISSUMED SAN 2015)	Name of Organization

SCHEDULE F - AGREEMENTS

Name: JAMES THOMAS MAKKE Page of

Terms of Agreement	Date Parties to Agreement
	employer.
Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	Identify the date, parties to, and general terms of any agreement or aπangement that you have with respect to: future employment; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in a

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
MAKWELL BOEN MEDICAL CROWP PLUC	
ROCHESTEL NEW YORK	NEUROSURCEON
ROCHESTER GENELAL HOSPITAL	NEUROSURGEON
RICHESTER NEW YORK	